



MISSOURI DEPARTMENT OF REVENUE  
COUNTY TAX SECTION  
P.O. BOX 453 (573) 751-5900  
JEFFERSON CITY, MISSOURI 65105-0453  
**CITY FEES**

FORM  
**4583**  
(REV. 7-2002)

### GENERAL INSTRUCTIONS

Please report on a **monthly** basis. Send your report and payment by the 20th of the month following collection. (Example — all funds collected in May send by June 20th.)

If you have cases making partial payments, please indicate so on the form, noting "partial payments included", and report the total number of cases that have paid in full.

REPORTING PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_

IN THE COURT OF \_\_\_\_\_ COUNTY, \_\_\_\_\_ CITY, MISSOURI

FEE TYPE	NO. OF CASES	AMOUNT PER CASE	TOTAL AMOUNT	CHECK NUMBER
CRIME VICTIM COMPENSATION FUND: (95% of \$7.50 surcharge — submit one check.)		\$	\$	
COURT AUTOMATION FUND FEE: (\$7.00 — submit one check.)		\$	\$	
CLERK FEES: (Indicate the total amount due and submit one check.)			\$	

EACH FEE TYPE REPRESENTS A DIFFERENT FEE, THEREFORE PLEASE SEND A **SEPARATE CHECK** FOR EACH FEE.

**\*NOTE: IF NO ACTIVITY, PLEASE RETURN FORM INDICATING "NO ACTIVITY" IN THE APPROPRIATE BOX.**

SIGNATURE

DATE